SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:					PAGE	3	34 OF	:	44
	(check only one)									
	×	11a		11b		11c		12		,
		13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) State Farm Mutual Automobile Insurance Company Federal Political Action Committee (State Farm Federal PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Wang, Michael, , , Date of Receipt Mailing Address 22522 Bowens Wharf PI 2018 City Zip Code State Transaction ID: 475FAAE72F17BC5D4A3B VA Ashburn 20148-6634 Amount of Each Receipt this Period FEC ID number of contributing C 208.50 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) State Farm Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 417.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Waterman, Analene, , , Date of Receipt Mailing Address 8749 Darley Rd SE 04 2018 City State Zip Code Transaction ID: 4694A207840162996C99 OR Aumsville 97325-9751 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Employed State Farm Agent Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Watts, Allyson, , , Date of Receipt Mailing Address 1175 Souza Dr 03 2018 City State Zip Code Transaction ID: 62931E95B8944ED0BCEC CA El Dorado HIs 95762-7556 Amount of Each Receipt this Period FEC ID number of contributing C 1500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) State Farm Vp-Agency/Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) 1833.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 ___